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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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05 MAY 12 PM 2:18

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000038912**

1. Corporation Name
COLOR WORKS FINISHES INC

000055189800
05/24/05--01045--019 **\$600.00

2. Principal Office Address 8617 Windy Circle Suite, Apt. #, etc.		3. Mailing Office Address 8617 Windy Circle Suite, Apt. #, etc.	
City & State Boynton Beach FL		City & State Boynton Beach FL	
Zip 33437	Country USA	Zip 33437	Country USA

REINSTATEMENT 02-05

4. Date Incorporated or Qualified To Do Business in Florida **4/12/01**

5. FEI Number ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **BRADFORD C PANDO**

Street Address (P.O. Box Number is Not Acceptable)
8617 Windy Circle

Suite, Apt. #, Etc.

City **Boynton Beach** State **FL** Zip Code **33437**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

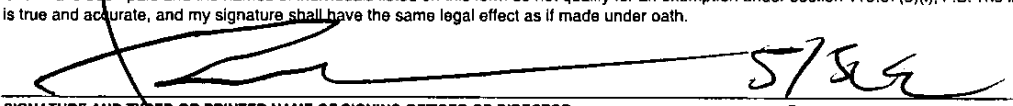
Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BRADFORD C PANDO	8617 Windy Circle	Boynton Beach FL 33437

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  5/5/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E081 (01/04)

COLOR WORKS FINISHES, INC.

**8617 Windy Circle
Boynton Beach, FL 33437
Phone (561)-248-4633**

2082

February 4, 2005

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Document #P01000038912

Enclosed is a corporate reinstatement form and check for \$600. The check is for the 2002, 2003, 2004 and 2005 annual reports. The corporation was dissolved per your records in October 2002. The business actually changed addresses in early 2002 and the original annual report was never received. We are hereby requesting that any additional reinstatement fees be waived due to non notification.

Please reinstate the corporation effective as soon as possible.

Thank you.

Sincerely,



Bradford Pando
President